

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER

2009 JUL -8 P 4:09

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Bravo Health, Inc. Associates Political Action Committee

ADDRESS (number and street)

3601 O'Donnell Street

(Check if address
is changed)

Baltimore

MD

21224

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

julia.ciorletti@bravohealth.com

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

(Check if address
is changed)

2. DATE

07 02 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott Tabakin

Signature of Treasurer

Scott M. Tabakin

Date

07 02 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 02/2009)